



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT
PRESIDENT

RENÉE CAMPBELL
VICE-PRESIDENT

SARA VASQUEZ
SECRETARY

JAMES BARGER
COMMISSIONER

SHAN LEE
COMMISSIONER

March 1, 2012

Chompunuch Suter
Healing Power of Touch

HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL/SC **BUSINESS LICENSE ID #138789**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, March 14, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:02/16/2012
2ND PUBLISHING DATE:02/23/2012
3RD PUBLISHING DATE:03/01/2012

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MESSAGE PARLOR-GENERAL

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:26111 BOUQUET CYN RD B6
SANTA CLARITA, CA 91350
NAME OF APPLICANT: HEALING POWER OF TOUCH /
CHOMPUNUCH SUTER
HEALING POWER OF TOUCH
DATE OF HEARING: 03/14/2012
TIME OF HEARING:09:00 A.M.

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO"**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **26111 BOUQUET CANYON RD B6, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 259-3500**

OWNER OF BUSINESS: **CHOMPUNUCH SUTER**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HEALING POWER OF TOUCH**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	10/06/11	
<input checked="" type="checkbox"/> 4. Fire Department	YES	09/20/11	
<input checked="" type="checkbox"/> 5. Public Health	YES	01/18/12	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	01/12/12	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/25/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	02/09/12	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	01/12/12	

Conditions: --A MASSAGE THERAPY USE IS PERMITTED IN THE CC ZONE, SUBJECT TO COMPLIANCE WITH THE CITY OF SANTA CLARITA MASSAGE USE ORDINACE.

BASIC LICENSE NO. **8430**

DATE **02/09/12**

IDENTIFICATION NUMBER **138789**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**ADDRESS OF BUSINESS: **26111 BOUQUET CANYON RD B6, SANTA CLARITA, CA 91350**TELEPHONE: **(661) 259-3500**OWNER OF BUSINESS: **CHOMPUNUCH SUTER**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HEALING POWER OF TOUCH**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE****BUILDING & SAFETY****SANTA CLARITA**☒ **APPROVAL**☐ **DENIAL**RECOMMENDATION: ALL CORRECTIONS MADE, APPROVEDAT CITY LEVEL.SIGNATURE: *Noem Sieber*DATE: 10/5/11BASIC LICENSE NO. **8430**DATE **08/25/11**IDENTIFICATION NUMBER **138789**

Sep-19-2011 02:38pm From-LACOFD FIRE MARSHAL

3238904055

T-551 P.005 F-725

40805 r.001/003

Sep. 10. 2011 10:14AM SANIA CLARKIA FIRE PREVENTION
Sep-18-2011 02:58pm From-LACOFD FIRE MARSHAL

3238904055

No. 5413 P. 4
T-247 P.018/019 F-715

124

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

NRSC

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26111 BOUQUET CANYON RD B1, SANTA CLARITA, CA 91350

TELEPHONE: (661) 259-3500

OWNER OF BUSINESS: CHOMPINDUC SUTER

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEALING POWER OF TOUCH

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

#138789

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE

DATE:

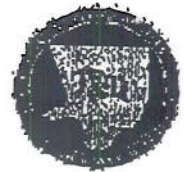
BASIC LICENSE NO. 8430

DATE 02/25/11



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26111 BOUQUET CANYON RD B6, SANTA CLARITA, CA 91350

TELEPHONE: (661) 259-3500

OWNER OF BUSINESS: CHOMPUNUCH SUTER

CAL. DR. LIC.#: 1

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEALING POWER OF TOUCH

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

Attn: Diana

**PUBLIC HEALTH
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE:

[Signature]
661-287-7016

DATE:

1-17-2012

BASIC LICENSE NO. 8430

DATE 01/18/12

IDENTIFICATION NUMBER 138789

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL✓ from
911-01149

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26111 BOUQUET CANYON RD B6, SANTA CLARITA, CA 91350

TELEPHONE: (661) 259-3500

OWNER OF BUSINESS: CHOMPUNUCH SUTER

1/ SUPICHA FERNANDEZ

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEALING POWER OF TOUCH

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

✓ APPROVAL

DENIAL

RECOMMENDATION:

Approved

534470

SIGNATURE: 1/9/11

DATE: 1/9/11

BASIC LICENSE NO. 8430

DATE 08/25/11

8130

IDENTIFICATION NUMBER 138789

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **26111 BOUQUET CANYON RD B6, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 259-3500**

OWNER OF BUSINESS: **CHOMPUNUCH SUTER**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HEALING POWER OF TOUCH**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**REGIONAL PLANNING
SANTA CLARITA**



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 8/25/11

BASIC LICENSE NO. **8430**

DATE **08/25/11**

IDENTIFICATION NUMBER **138789**

ZONING REFERRAL

I.D. #: 138789

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355

DATE: 8-22-11

TYPE OF BUSINESS(ES) Massage Parlor General

ADDRESS OF BUSINESS 26111 Bouquet CYN Rd # B6

CITY Santa Clarita Ca ZIP CODE 91380

NAME OF OWNER Healing Power of Touch, Inc

"DBA" Healing Power of Touch

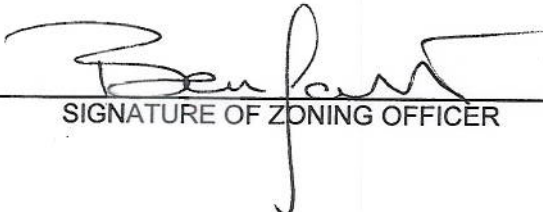
MAILING ADDRESS 1726 N Prelude Dr

Anaheim Ca 92807

EXISTING USE YES () NO (X)

USE PERMITTED IN ZONE Community Commercial USE NOT PERMITTED IN ZONE _____
"APPROVED" "DENIED"

REMARKS A MASSAGE THERAPY USE IS PERMITTED IN THE CC ZONE,
SUBJECT TO COMPLIANCE WITH THE CITY OF SANTA CLARITA'S
MASSAGE USE ORDINANCE.


SIGNATURE OF ZONING OFFICER

8/22/11
DATE